

## Division of Health Care Facilities

PRINTED: 09/10/2013  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  09/05/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF SPARTA

508 MOSE DRIVE  
SPARTA, TN 38583

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 001	1200-8-6 Initial Comments  An annual Licensure survey and complaint investigation #32346 were completed on September 5, 2013, at Life Care of Sparta. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 001	additional education may be provided, the process evaluated/revised, and or the audits reviewed for 3 months or until 100% compliance is achieved. <del>N 831</del> 1. a) The Maintenance Director surveyed all tiles in dietary department to ensure there were no other areas of concern. b) The Maintenance Director tightened the door-hold open device before the end of Life Safety survey on September 03, 2013. Maintenance Department has inspected all door-hold open devices throughout the facility on September 17, 2013. No other door-hold devices were affected by the alleged deficient practice. 2. a) The Maintenance Director surveyed all tiles in dietary department to ensure there were no other areas of concern. b) The Maintenance Director tightened the door-hold open device before the end of Life Safety survey on September 03, 2013. Maintenance Department has inspected all door-hold open devices throughout the facility on September 17, 2013. No other door-hold devices were affected by the alleged deficient practice.	9/03/2013 9/17/2013  9/03/2013 9/17/2013

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Q5RS11

If continuation sheet 1 of 1